



Breast Reshaping After Massive Weight Loss

Essay

Submitted for partial fulfillment of
Masters Degree in General surgery

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

" قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ

الْعَلِيمُ الْحَكِيمُ "

صَدَقَ اللَّهُ الْعَظِيمُ

(سورة البقرة , آية ٢٣)

*Dedicated to
My dear Mother and Sisters
Thank you
Without you I would never be the
person who I am now*

Acknowledgement

First and foremost, I feel always indebted to *Allah*, the most kind and most merciful.

I am deeply grateful to *Prof. Dr.Khaled Zaky Mansour*, Professor of general surgery, faculty of medicine, Ain Shams University, for suggesting and planning the work and for continuous help and valuable advice and support.

I would like also to thank *Prof. Dr.Ahmed Mohamed Nafee*, Assistant professor of general surgery, faculty of medicine, Ain Shams University, for his cooperation and advice whenever needed and for his kind help and guidance.

I also like to express my deep gratitude to *Dr.Hesham Ali Helal* Lecturer of plastic and reconstructive surgery, Faculty of medicine, Ain Shams University, Who was patient and considerate, saving no time and effort helping me with this work.

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LIST OF ABBREVIATIONS

BMI	: Body Mass Index
BS	: Bariatric surgery
IMF	: Infra mammary fold
ICAP	: Inter Costal Artery Perforator
LICAP	: Lateral Inter Costal Artery Perforator
MWL	: Massive weight loss
NAC	: Nipple areola complex
NHLBI	: The National Heart, Lung, and Blood Institute
NIDDKD	: National Institute for Diabetes & Digestive and Kidney Diseases
SFS	: Superficial Fascial System
WHR	: Waist Hip Ratio

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The world is in the midst of an obesity epidemic. More than 30 percent of adults are obese or overweight that they have a condition called morbid obesity, meaning that excess adiposity or fat tissue causing their weight problem to be so severe that it is life threatening (*Matarasso et al., 2007*).

Patients who successfully undergo massive weight loss desire to shed the physical signs of a formerly obese person and adopt a renewed body image (*Khachi and Rubin, 2007*). The actual weight loss and the body-contouring surgery after weight loss have beneficial effects on self-esteem and body image (*Song et al., 2007*).

Since its inception in 1966, bariatric surgery has offered the greatest degree of sustained weight loss to the morbidly obese (*Livingston, 2007*).

Bariatric surgery or modified life styles go a long way in diminishing the vast weight gain. Patients following these interventions usually undergo massive weight loss which results in redundant tissues of the lower trunk, upper back, breasts, arms, and thighs (*kwei et al., 2007*).

Body contouring after bariatric surgery has subsequently grown in frequency. According to American Society of Plastic Surgeons statistics, 52,000 body contouring procedures were performed in post-bariatric weight loss patients in 2003, and a 36 percent increase was estimated for 2004 (*Song et al., 2004*).

Breast deformities after massive weight loss vary significantly. Patients typically present with breast ptosis, medialization of the nipple-areola complex and extension to a lateral chest roll. Procedures to correct the deflated breast often address the entire aesthetic unit, including the upper abdomen and lateral chest rolls (*Gusenoff et al., 2009*).

Innovative techniques for optimal results have been offered, such as the spiral flap, total parenchymal reshaping and pedicled perforator flaps. (*Agha-Mohammadi et al., 2006, Hurwitz et al., 2006, Khachi G et al., 2008, Van Landuyt et al., 2008 and Blondeel P et al., 2009*)

Autoaugmentation techniques using dermoglandular and fasciocutaneous flaps (within the breast or locally) have also been used to improve both volume and shape, often avoiding the need for implant augmentation. (*Kenkel et al., 2006*)

Management of the breast following massive weight loss can be challenging but at the same time rewarding. Given the complexity and variability of the breast after massive weight loss, selection of the preferred procedure is based on the patient's anatomy, expectations, and physician comfort skills.(**Colwell et al., ٢٠٠٩**)

Regardless of which technique is chosen, most procedures will incorporate some of the above-mentioned principles to maximize aesthetic results and subsequently patient satisfaction. Different procedures will continue to evolve for maintenance of breast shape over time.(**Breuing et al., ٢٠٠٨**)

The aim of this work is to discuss the different techniques of breast reshaping after massive weight loss as a part of body contouring.